Canadian Centre
for Occupational
Health and Safety

Centre canadien
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sécurité au travail

OUR CHALLENGE: EFFECTIVE PREVENTION STRATEGIES

A Workshop

P90 - 12E

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A Workshop

Halifax, Nova Scotia
May 1 and 2, 1990

Canadian Centre for Occupational Health and Safety

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A WORKSHOP

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Canadian Centre
for Occupational Health and Safety
With the assistance and support of the Government
of Nova Scotia and Labour Canada, Atlantic Region

OUR CHALLENGE:
EFFECTIVE PREVENTION STRATEGIES

A Regional Workshop

Tuesday, May 1 and Wednesday, May 2, 1990
The Nova Scotian Hilton, Halifax, Nova Scotia

Tuesday, May 1, 1990

8:15 am REGISTRATION AND COFFEE - Harbour Suite Lobby

9:00 am **Welcome and Introduction to the Workshop** - Harbour Suite
Lillian Vine, Manager, Workshops and Conferences
Canadian Centre for Occupational Health & Safety

9:15 am **Panel Discussion**

Evaluating Strategy - Government
Jack Noonan, Executive Director, Occupational Health
and Safety Division, Nova Scotia Department of Labour

Managing Prevention - Management
Diane Peters, Senior Consultant
Robertson-Surrette Ltd

Living Prevention - Labour
Rick Clarke, President
Nova Scotia Federation of Labour

Supporting Prevention - Professionals
John Prentice, Medical Director
Maritime Telephone and Telegraph

Open Discussion

10:30 am BREAK - Harbour Suite Lobby

10:45 am **Workshop #1 - Strategies**

Information, participation, and control:

a) Have they worked?
b) What has worked?
c) What has not?
d) How can we judge?
Discuss.

12 noon LUNCH - Acadian Room

1:00 pm **Workshop #2 - Responsibilities**

a) What is management's role in prevention?
b) What is workers' role in prevention?
c) What is the occupational health and safety professional's role in prevention?
d) What is government's role in prevention?
e) What is the joint committee's role in prevention?
f) What should they be?

2:00 pm **Workshop #3 - Occupational Health Literacy**

a) How knowledgeable are senior management or labour executives about occupational health and safety?
b) Are line managers and supervisors sufficiently knowledgeable in occupational health and safety? What about the workforce in general?
c) How effectively do professionals, committees, management, labour communicate?

3:00 pm BREAK - Harbour Suite Lobby

3:15 pm **Workshop #4 - Training**

a) How relevant is training to the job?
b) Who decides on training?
c) What kind of training do occupational health and safety committees need?
d) How is occupational health and safety integrated into the formal education system?
e) How applicable is the education in health and safety that professionals receive? Is it sufficient? For generalists? For specialists?
f) How do those involved in occupational health and safety keep current?
g) What resources are available? How effective are they?

4:15 pm **Workshop #5 - Compliance as a Prevention Strategy**

a) Are regulations effective? What kind are most effective?
b) Is enforcement the road to compliance? How effective is it?
c) How effective is the follow-up and feedback to non-compliance?
d) What is the benefit of voluntary informed action?

6:00 pm DINNER - Shore Club, Hubbards, Nova Scotia
Hosted by Labour Canada, Atlantic Region

Wednesday, May 2, 1990

8:30 am COFFEE - Harbour Suite Lobby

9:00 am **Workshop #6 - Priorities for Action**

a) How do you evaluate the effectiveness of strategies?
b) How effective have been the prevention strategies of the past decades?
c) What do we need to improve? How? When?
d) Priorities for action.

10:30 am BREAK - Harbour Suite Lobby

10:45 am **Plenary Session** - Harbour Suite

Reports and Recommendations from the Workshop Priorities for Action

12 noon **Close of Workshop**

CM POINTS
The American Board of Industrial Hygiene will award 1 1/2 CIH Credit Maintenance Points and the Canadian Board of Occupational Medicine will award 12 hours of CME Study Credits for participation at this workshop.

The Centre gratefully acknowledges the contributions of the government of Nova Scotia and Labour Canada, Atlantic Region.

SUMMARY

Though the weather was cold in Halifax, the welcome given this CCOHS regional workshop was warm. The presentations on the strategies of the past two decades, their benefits and shortcomings, set the background for the excellent discussions which followed. Presentations were given by Jack Noonan, Executive Director of the Occupational Health and Safety Division of the Nova Scotia Department of Labour; Diane Peters, Senior Consultant with Robertson-Surrette Ltd; Rick Clarke, President of the Nova Scotia Federation of Labour; and John Prentice, Medical Director of Maritime Telephone and Telegraph.

After a day spent in small group discussions, the conclusions were: that occupational health and safety strategies have been reasonable, but their implementation is uneven--it was said that it is time to put structure to the good intentions; that occupational health and safety statistics are not, but should be, very useful in prevention of occupational injuries and diseases; that there is an absolute need for a consistent common measurement tool; that senior management must be committed to and understand occupational health and safety--its attention should be gained from bottom-line/safety correlation and through programs in and recognition from institutions of prestige; that there is a vital need for education in occupational health and safety, not only for workers or management but in the public education system, in professional education and for joint committees; and that there is a need for forums for discussion and effective communication.

INTRODUCTION

Lillian Vine

Ladies and gentlemen, welcome to our workshop on Effective Prevention Strategies. We are delighted to be holding this workshop in Halifax and we thank you for welcoming us here.

I am Lillian Vine, Manager of Workshops and Conferences for the Canadian Centre for Occupational Health and Safety. We started doing workshops in the spring of 1986 to implement that part of our mandate which deals with facilitating participation of the stakeholders in high standards of occupational health and safety. Our main job is information, but it was felt that by facilitating the participation of stakeholders in discussion we could value-add to information the value judgments of those directly involved in the field. Our Council of Governors decided that through this consensus-building process, especially in social policy issues, high standards in occupational health and safety would be facilitated.

After holding our first workshop, we examined it and reviewed it and evaluated it and agreed that it was good and that we would do more. We started putting the program in place in 1987. We have had topics ranging from WHMIS education, drug testing, literacy and the right to know, occupational deafness, stress, repetitive strain injuries, and man-made mineral fibres. We looked at them from the point of view of social policy based on science; they were not meant to be scientific conferences. When we began, the

workshops were all held in Hamilton. The Council decided that we ought to bring the workshops to other regions in Canada to make it easier for all Canadians to participate in this process.

Last year we started regional workshops with Occupational Health and Safety Statistics. We had very successful sessions in Edmonton, Moncton and Hamilton. Just recently we held a WHMIS workshop in Winnipeg; another will be held in St John's next week.

In each of the workshops we work with a multipartite planning committee; in the regions they are made up of people from the area. In Halifax, Jack Noonan, Executive Director of the Occupational Health and Safety Division of the Nova Scotia Department of Labour; Bruce Collins of the Workers' Compensation Board of Nova Scotia; Tom Nisbett of the Halifax Board of Trade; Barrie Ross, Head of Dermatology at Dalhousie University; Rick Clarke of the Nova Scotia Federation of Labour; and Carol MacCulloch of the Nova Scotia Canadian Manufacturers' Association met with me at the offices of Jack Noonan. The Nova Scotia Department of Labour is also offsetting the cost of holding the workshop by making these facilities available to us today, which we appreciate very much.

I would also like to thank the panelists. We do not pay them for speaking; we do not pay their expenses. We simply thank them very sincerely. We are most grateful for their contribution.

Most of the work at this workshop is participative and will be done by you. After the panel discussion, you will break into work groups; each group will cover all the questions on the agenda. We do not have professional facilitators; we have excellent leaders from among the registrants. We ask these people to volunteer to chair a work group, we have a briefing session with them, and put them to work. After the workshop we produce a proceedings of the plenary sessions which are taped, transcribed, edited, reviewed by the speakers and work group leaders and then published. The group leaders are Paul Burgwin and Bob McArel. I thank them very much.

I also want to thank Grant Mitton of Labour Canada, Atlantic Region, which is hosting the dinner this evening. I want to thank him not only for organizing the dinner, but also for his help in contacting people in the region.

I am delighted that we are here. I am delighted that <u>you</u> are here. I look forward to a very good workshop.

PANEL DISCUSSION

Evaluating Strategy - Government
Jack Noonan
Nova Scotia Department of Labour

Managing Prevention - Management
Diane Peters
Robertson-Surrette Ltd

Living Prevention - Labour
Rick Clarke
Nova Scotia Federation of Labour

Supporting Prevention - Professionals
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Maritime Telephone and Telegraph

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Lillian Vine

Speaking from the point of view of government as regulator and enforcer is Jack Noonan. Not only did he help with planning this workshop, but two weeks ago when David Clark, who was to be the speaker, was presented with the opportunity to attend a two-week management course at Memorial University, Jack kindly offered to take his place on our panel.

Jack Noonan is a graduate Chemical Engineer from the University of Alberta. He is a Registered Professional Engineer in both Nova Scotia and Ontario. For 25 years his work experience was with an integrated mining, smelting and refining organization in Ontario. He has held positions in operations, environmental management, safety and health management with additional experience in project administration, employee relations, government liaison and research development. Since 1985, Jack has been the Executive Director of the Occupational Health and Safety Division of the Department of Labour in Nova Scotia.

He is a member of the Association of Professional Engineers of Ontario and Nova Scotia; he is a Governor of the Canadian Centre for Occupational Health and Safety and was a member of its Executive Board until this year; he is a Governor of the Hazardous Materials Information Review Commission; he is a Director of the Nova Scotia Safety Council; he is a member of the Canadian Institute of Mining and Metallurgy; and he is a good friend.

Jack Noonan

As a Governor of CCOHS, I would like to welcome you to this workshop. As was pointed out, it is not something you listen to, it is something you participate in. What you get out of it depends a lot on what you put into it.

From the government side, although we see all sorts of strategies and have a chance to make a decision on their effectiveness, government regulators are not a big part of the strategy unless we are invited to be. We do see a broad scope of what people in industry do as part of their responsibility to devise a strategy, to implement it, and to devise means of ascertaining its effectiveness. There are a number of ways effectiveness can be measured--the bottom line, the cost, the numbers--in implementing our inspection and regulatory strategies. We look at safety program strategies from a different angle than do those who are intimately involved in their development and application.

The workshop prospectus indicates the strategies as the rights that are enshrined in legislation--the right to know, the right to participate, the right to refuse. I would like to address these rights, but I feel that the right to refuse may be extraneous to this context not because it is not relevant or not used, but because it depends so much on the others. There has to be knowledge and participation before a conscientious decision can be made to refuse.

The objective of the workshop is to explore what has taken place in the last 10 or 20 years that these responsibilities, obligations and entitlements have been available. Realize that with the exception perhaps of the right to participate, common law has

provided the other rights. The dispositions of those actions may have been different some time ago than they are now that they are enshrined in legislation. Occupational health and safety legislation like collective bargaining agreements is built on the scar tissue of the failures of the past. If there had not been problems things would not have gotten into collective bargaining and you would have only management rights. But that is not the case. Nor is it the case with safety and health legislation. Regulatory authorities react; legislation is enacted as the result of somebody's act.

You cannot measure the effectiveness of strategies just by the bottom line. It is something that everybody uses, but it is a measure of your failures if you are talking WCB statistics. We use them in the regulatory agency to establish priorities. In the statistics workshops that CCOHS held last year, it was brought forward that not everyone measures things the same way. WCB statistics are a handle, but one should not look at them as the end-all and be-all. There is an excellent matrix made up for evolving strategies, defining programs, putting them in place and measuring their effectiveness. There are many volumes of literature from which you can pick out good programs. Before you try to evolve a strategy, the person at the top with the responsibility has to have the commitment--this is where it starts. Any of the matrices will show that. The strategies that are developed have to come down, not go up. The implementation methods and the best portions of the modifications that you do in your strategy come from the bottom, but the commitment has to start from the top.

I will leave you with one more thought--there is no place in occupational health and safety, in your strategy, in your implementation, for negotiation. It is not an industrial relations exercise despite the similarities between a collective bargaining agreement and occupational health and safety legislation. There is not room for negotiation; there is only room for understanding and, at the best, compromise.

Lillian Vine

Our next speaker is Diane Peters, Senior Consultant at Robertson-Surrette Ltd. Her background includes 25 years in senior management positions, in general management, in human resources, as Senior Vice-President of a major manufacturing company, and as a consultant to industry and public sector organizations. She has extensive experience in the areas of industrial relations, management development, performance evaluations, safety performance and benefits and compensation. She is the immediate Past Chairman of the Nova Scotia Division of the Canadian Manufacturers' Association, is Chairman of the Atlantic Region Management Centre at the Technical University of Nova Scotia and has recently served as Canadian Employer Delegate to the United Nations at Geneva. When our planning committee met, there was immediate agreement that Diane Peters was the person who should speak from the perspective of management and I am delighted that she accepted our invitation.

Diane Peters

I have been asked to speak on managing prevention from a management perspective. Thank you for inviting me to share some thoughts with you about accident prevention. So often an inordinate amount of time is spent discussing such things as payments for accidents, medical and rehabilitative treatment after accidents, and such issues which follow accidents and not enough time, money and creativity is spent on the prevention of accidents.

The Canadian Manufacturers' Association, Nova Scotia Division represents approximately 100 companies ranging in size from about 20 employees to more than 500 employees. In all, our membership represents about 20,000 provincial workers. Our manufacturers are vitally concerned with accident prevention primarily because of the welfare of employees but also because of direct and indirect costs which seriously endanger their competitiveness.

When the subject of occupational health and safety is tackled, particularly the area of prevention, it is most important to establish the principles involved. Discussion, analysis, regulations and results cannot be possible if principles which must be accepted by all interested parties are not clearly defined.

The first principle CMA sees is government making occupational health and safety a priority. Due to the scope and complexity of the problem of accident prevention, CMA recognizes that governments should take certain initiatives to plan and orient prevention of work-related injuries and illnesses. We believe that, other than legislation and regulation, governments should be much more active than they have been in the past with regard to facilitating research and transmitting information to employers and employees and in providing expert advice which will help everyone achieve the goal of prevention. Of primary importance is education and training for both management and workers.

A second principle is the shared responsibility of management and workers. Management and workers have the ultimate responsibility for the improvement of health and safety in the workplace. Although there is a common responsibility for prevention, one should keep in sight that the roles of the two parties are distinct though complementary. Management is responsible for setting policies and rules, along with the proper controls to ensure that they are being followed, and for promoting health and safety. Management must provide to employees information, training and a safe working environment where any potential hazards are minimized.

The individual worker has a responsibility to not put himself or his co-workers in a potentially hazardous situation. Rules and regulations dealing with safety must be adhered to and any unsafe conditions must be brought immediately to the attention of management. CMA believes that informed employees will make informed decisions and conduct themselves in a responsible fashion. Employees need to be properly informed about workplace hazards, the types of dangers involved, how to deal with the hazard and avoid dangerous situations, and the remedies and treatments to apply if a problem does occur. We feel that accidents in the workplace are generally the result of two causes: unsafe working conditions and unsafe actions. Management and employees working in concert can reduce or eliminate both. We feel that the goal should be zero accidents.

A third principle we often discuss is the best use of resources. It is increasingly accepted that firms, be they private or public, profit or non-profit, have a social role to play. Too often, business firms are regarded as something to fight and destroy rather than as a vital productive element of society. There is also a tendency to forget that a firm must be competitive to survive and continue to provide employment. And there can be a tendency to forget that the community can only share what is provided by its enterprises, for such enterprises are the sole providers of wealth. One must keep in mind this vital role and give priority to measures which, while effective in accident prevention, also allow enterprises to maintain efficiency and competitiveness.

ARCHIVES COPY

Over the years CMA has made many recommendations to government, to our own members and to all interested parties for monitoring, maintaining and improving standards of safety in the workplace.

We feel that the most suitable approach to occupational health and safety is self-regulation through an internal responsibility system which recognizes the rights and obligations of all of those concerned. Management and labour should and must cooperate in the development and maintenance of such a system in the workplace, and government's role should be to encourage and support this approach.

Consultation rather than confrontation leads to effective resolution of occupational health and safety problems. The critical factor, attitude, is best developed through the cooperation of managers, supervisors, employees and their representatives.

Cooperation and the consultative process will be enhanced where there is access to information about workplace health and safety matters.

Joint management and labour programs such as health and safety committees can be vehicles for consultation and for building the trust which is essential for cooperative problem-solving. The parties involved, including government representatives, should guard against frivolous actions which could undermine that trust.

Education and training are integral parts of an effective health and safety program. Management and labour should actively pursue cooperative endeavours in this area and government should both encourage and support such undertakings.

A government health and safety inspectorate will use its resources most effectively by developing priorities for inspection based on a blend of data and professional judgment whereby priority attention will be given to an employer whose performance is consistently below average.

Technically qualified personnel from industry and labour should work closely with the regulatory and inspection bodies of government to ensure that Acts and regulations are practical with standards that can be reached within the specified time period.

We also feel that management and labour should together encourage governments to develop, where appropriate, financial incentives to help motivate the private sector to monitor and maintain workplace health and safety standards.

We feel that accurate, relevant and timely data are very important tools in achieving improvements in occupational health and safety. The major users and providers of statistics should jointly evaluate the statistical information needs, the quality of current data, and consider in detail what data should be collected, the reasons for collection, and the storage and use of such data.

Management and labour should cooperate with government in developing information which identifies needs and demands for personnel in the occupational health and safety fields as well as work with government and the appropriate educational institutions in establishing procedures to address both present and future manpower needs in that area.

Management must implement safety policies, safety procedures, training programs and accountability standards in the workplace.

In closing, I will mention that one firm with which I am very familiar had safety as its first standard of performance for its frontline supervisors. In fact, its four basic standards of performance are: 1) safety; 2) product quality; 3) productivity; and 4) cost control. That firm has an enviable safety record. In that firm there is the commitment at the very top that safety is a leading-edge issue.

Like love, I don't think you can legislate safety. It is something towards which management, labour and government must work to develop a community of interest.

Earl MacDonald - Maritime Tel and Tel

What do you mean by accountability standards in the workplace?

Diane Peters

What CMA means is, for example, that frontline supervisors are accountable for safety and their performance as supervisors is measured on their safety record.

Lillian Vine

Rick Clarke is President of the Nova Scotia Federation of Labour (CLC). He was born and educated in Springhill, Nova Scotia. Rick began his career as a burner at the Halifax Shipyards in January 1969. He became active in the union movement as a member of Local 1 of the Industrial Union of Marine and Shipbuilding Workers of Canada in the early 1970s and has served on various committees of that Local. He still maintains his membership with Local 1.

Rick was elected to the full-time position of Secretary-Treasurer/Business Agent of Local 1, Industrial Union of Marine and Shipbuilding Workers of Canada in 1975. He held this position until July 1987 when he was elected full-time Secretary-Treasurer of the Marine Workers' Federation. He held this position until his election as President of the Nova Scotia Federation of Labour in 1989. He has held an Executive position on the Marine Workers' Federation since June 1976.

In the fall of 1978 Rick was elected Vice-President-at-large of the Nova Scotia Federation of Labour. He held this office until his election as full-time President last fall. For 5-1/2 years of his term as Vice-President-at-large, he was the First Vice-President of the Federation.

Rick has served and continues to be active on various committees of the Nova Scotia Federation of Labour and the Canadian Labour Congress. As President of the Nova Scotia Federation of Labour, he is a Vice-President of the Canadian Labour Congress. And he is an alternate member of the Labour Relations Board of Nova Scotia.

Rick Clarke

The Nova Scotia Federation of Labour is an umbrella body representing more than 300 affiliates. We hold a membership of approximately 55,000 working Nova Scotians in all

aspects of work life. Occupational health and safety has been a long-time priority of the Federation. I was the Chairperson of that committee for many years and was involved when we lobbied for occupational health and safety in Nova Scotia.

I would like to thank CCOHS for providing the opportunity to address the views and concerns of the labour movement on occupational health and safety, and more particularly on prevention strategies. Although most of my comments and views are based on Nova Scotia experiences and examples, from discussion with others in the field, I know we do not stand alone in our views.

The last two decades have seen some very important strategies developed across Canada for the sole purpose of reducing or preventing accidents and injuries. But even with major changes such as the right to know, the right to participate, and the right to refuse, we have not seen a significant decrease in accidents or illnesses. In fact, the opposite seems to be true.

On April 28 we observed the annual day of mourning for workers who have been killed or injured on the job. It is estimated that every year there are approximately one million workplace injuries in Canada. Out of this number, deaths from workplace injuries average nearly 1,000 a year. If 1990 follows this trend, we can expect 1,000 Canadians to die as a result of workplace accidents or illnesses.

Last year, in Nova Scotia, the Workers' Compensation Board received a 37% increase in claims compared to 1988, pointing to a disturbing rise in the number of workplace-related injuries. Although the number of workplace-related fatalities has decreased somewhat from 1988, 19 workers died as a result of workplace injuries last year--19 workers too many.

Given these figures, it is obvious that something is not working in Nova Scotia. Despite these alarming figures, many Canadian governments are weakening health and safety rules and deliberately eroding the work of enforcement sectors. It seems that there is a growing trend to place the concerns for the well-being of workers' health and safety on the back burner in favour of other ventures. An example of this abandonment of health and safety by government is the funding cuts to CCOHS. CCOHS has played and should continue to play a vital role in prevention of accidents and injuries; but the funding cuts and the high cost of participation at workshops is going to place this service out of reach of many workers. It is very difficult for individuals or trade unions to come up with the high registration fee in addition to lost time, hotel costs, meals, and so on, to participate in these workshops.

Funding cuts to CCOHS is not the only example of lack of commitment to occupational health and safety by government. In Nova Scotia there are several glaring examples. Our Occupational Health and Safety Act has been in place for more than four years, since January 1986, and we have yet to have regulations adopted to support and enforce the legislation. Rather, we are handed the regulations from legislation that the Occupational Health and Safety Act replaced in 1986. Where is Nova Scotia's commitment to prevention? Where is the government's responsibility to working people?

There is one area that seems to have the attention of government--the dramatic increase in Workers' Compensation claims. However, instead of taking positive steps to help reduce the number of accidents and injuries by adopting regulations and enforcing the

legislation, they opt to reduce the costs by introducing proposals to drastically revise the Workers' Compensation legislation, thus adding economic hardship to those already injured and suffering. Where is the concern?

We do have one set of regulations in place in Nova Scotia which would or could go a long way to aid in prevention if the regulations were enforced by government. I am referring to the Workplace Hazardous Materials Information System (WHMIS) which requires extensive information systems and training for all employees on the hazards or potential hazards. Unfortunately, it seems these regulations were merely adopted by Nova Scotia because all other jurisdictions have adopted them. There is no commitment and no enforcement. There is no apparent program in place to see if the terms and provisions of WHMIS are being followed. I know that many employers across the province are providing training, but many others are not even aware of WHMIS. No apparent follow-up program is required by the regulations to ensure that training has been absorbed by the workers. Like CCOHS, WHMIS is an intricate tool in the right to know and in accident prevention. But again, there is no support for it.

Much progress has been made in the last few years toward evolving occupational health and safety from a confrontational atmosphere into a cooperative one where the parties review concerns in an open and frank manner and reach a resolve which would be beneficial to all and provide protection for the workers. Given the obvious lack of concern or support of our governments in matters of occupational health and safety, this cooperative atmosphere is rapidly slipping away and we are reverting back into a confrontational arena. Workers are losing faith in the system and the law, and they are feeling let down. This slippage is truly unfortunate because health and safety does not belong in the adversarial arena. Effective resolve through cooperation is the only resolve that will be palatable in the workplace. If the cooperation system is to work, all players--management, labour and government--must truly want the system to work. Government must set an example by following legislation itself and by providing direction and assistance to the other players--employers and employees. If necessary, they must be ready, available, and willing to provide enforcement for the other participants in occupational health and safety. Although we are fully open to review any new strategies in prevention, the major occupational health and safety strategies--the right to know, the right to participate, the right to refuse--are good strategies and will go a long way in accident prevention if they are respected and supported and enforced. The right to refuse is a strategy in prevention that is a must; it is a strategy in prevention that has not been abused; and it is a strategy in prevention that is there because no one is infallible.

If there is truly a consensus that prevention remains the goal of all strategies and players, we should rededicate ourselves to the goal of making occupational health and safety work in Canada to reduce the pain and suffering. As representatives of employers and employees, we should demand government support for the major players. We are the ones who are going to lose if we don't get this back into a cooperative vein.

Lillian Vine

John Prentice has been Corporate Medical Director of Maritime Tel and Tel and the Island Telephone Company Ltd since October 1987. He obtained his pre-medical and medical degrees at Dalhousie University and became a licentiate in 1977. In 1977-78 he did a rotating internship at Dalhousie University. In 1981-82 he completed a Master's degree in Public Health at Johns Hopkins University in Baltimore, primarily in occupational

health. In 1983-84 he went to McMaster University for a diploma in Occupational Health and Safety. In 1988 he obtained a Certificate of the Canadian Board of Occupational Medicine.

John has been a family practitioner in Nova Scotia, a Health Unit Director of the Nova Scotia Department of Health, a Consultant in Occupational Health to the Administrator of Community Health Services, Nova Scotia Department of Health, during which time he also held a part-time Academic Appointment at Dalhousie University Faculty of Medicine.

He is a member of the Nova Scotia Medical Society Committee on Occupational Health, a Director of the Occupational Medical Association of Canada, and a Member of the Occupational Health Committee, Canadian Medical Association.

John Prentice

As health and safety professionals, I think we have an important role to bring a level of objectivity to the workplace, not only to help resolve health and safety concerns but to promote the issue of health and safety in the workplace.

The title of this presentation is "Supporting Prevention" from the professional perspective. From my own perspective, if we are not involved in planning, implementing or practicing prevention in the workplace, we are really having a minimal role in preventing the number of health and safety-related occurrences in the workplace.

One of the real difficulties I see for health care professionals is that prevention is not something we naturally do. Part of the reason is that health care professionals--doctors and nurses--are trained to diagnose injuries or illnesses after they occur and to treat and care for people after they become injured or ill. Unless we have taken some specialized training, prevention is not something that is normally integrated into our professional practices. It is essential, if we are going to make strides in the future, that we manage prevention in the same way that we manage the rest of our professional practice.

With respect to the issue of planning for prevention, one of the things we have in our industry is a well-developed strategic planning process. It is a process that has a language unto itself that is well understood by people throughout the corporation. If you have a strategic planning process in your workplace, use that process not only to develop a plan for health and safety but also to document it. You will then have a vehicle and a tool that is both communicable to the rest of the people in your workplace and that will be more readily supported by the people in your workplace.

Health care professionals specifically, often deal with the issue of treating people, diagnosing and caring for people who are injured or ill. Injuries and preventable illness are preceded by risk factors such as unhealthy conditions or unhealthy behaviour. But if we focus on the counts, we are going to have little impact on reducing the number of injuries and illness that do occur. If we are going to have significant impact over time, we must focus on those risk factors and we have to be very clear on what they are. In the safety area, an audit process may be needed to look at either unsafe conditions or unsafe behaviour. Similarly on the health side, an audit process can be used to look at the use of chemical products or personal protective equipment in

the workplace. Or, in fact, one can look at personal health areas, such as cardiovascular disease, where there may be risk factors that lead to the occurrence of workplace injuries or illness.

Once identified, risk factors need to be modified. If there are unsafe or unhealthy conditions, the situation should be straightforward--either eliminating or modifying those conditions. If there is unhealthy or unsafe behaviour, the situation is much more difficult, but nevertheless it is certainly manageable. People involved in the unhealthy or unsafe behaviour should be aware of the significance of their behaviour. We have to motivate them to do things differently; they should be participants in the decision-making process that leads to the behaviour change.

Training is how we can give motivated people a way to do things differently. Regardless of whether we are talking about motor vehicle accidents and safe driving or cardiovascular disease and eating differently to reduce cholesterol, the focus and purpose of training is the same.

We live at a very opportune time for prevention and the focus on prevention. Hardly a day goes by that you do not read an article in the news media or a journal about cholesterol or blood pressure or smoking. People are more attuned to their personal health with respect to those issues as well as to the kind of chemicals they use in the home and in the workplace. We have a key opportunity to influence people's behaviour in terms of both the products they use and how they use them.

Like it or not, as health care professionals in the workplace, we are going to be role models. Like it or not, people are going to look to us to see what we do and how we do it. It is not enough to speak the words; we are going to have to live health and safety in terms of its promotion.

Evaluation of our programs is something that we often don't do very well. Those of us who have been involved in health and safety programs in the workplace will clearly recognize that there is no simple or best way to do many of the programs. Some things work in one circumstance and they don't work in another. It is essential when we do programs that we set out to do them with clearly defined objectives. After we implement the program we need to look back to see if we have accomplished what we set out to do. It doesn't make a great deal of difference if we are talking about an issue of safety--driving, handling of equipment, use of chemicals, some aspect of personal health behaviour--they are all measurable events from the perspective of going back and seeing what we have done to determine if it has been effective. If we look ahead to the future and the state of the economy, we will have to do a better job in this respect to justify our existence.

QUESTIONS AND DISCUSSION

Lillian Vine

Thank you very much John, Rick, Diane and Jack. Those presentations set a very good background to our discussions over the next day. We have some time for questions and discussion now.

Carol Thorn - Extend-A-Care Health Services

In my experience in Environmental Services and dealing with other professionals in this industry, many of us have felt that WHMIS implementation and training and enforcement has been dumped to the basement. While there is great support at the top level as far as sending people on courses and giving out information, it then falls to us to continue. We have a high turnover of employees and we don't have the support staff that we used to have. I would like comments from anyone on the panel on how it can be a manageable function to do that on a daily basis and ensure that these workers really do understand what they are supposed to do with WHMIS.

Jack Noonan

I am not sure whether WHMIS is not really blown out of proportion. WHMIS is something like cancer or PCBs in that everyone is frightened of it but no one understands it. There are three legs to the WHMIS situation; the most important one being that the people who produce the product, sell the product or supply the product to you as a user are required to give you the information. For years, you didn't have it for whatever reason. How could you train people to do their jobs properly? WHMIS gives you the tools you didn't have before. You have always had the responsibility of giving people information to do their jobs safely. You have always had the responsibility of training them properly. That is nothing new. What is different is now you have the tools to get the information you need.

I sympathize with your labour turnover; it may be the business you are in. But WHMIS has not added anything to your responsibility; it has enabled you to do what you should have been doing. The government regulators are only enforcing what you always had responsibility for but now have the tools to do. WHMIS has given regulators the teeth to get to those people who won't supply the information so you can do your job. Despite the general feeling, this is happening. There are suppliers and manufacturers in Canada and importers who bring goods into Canada who don't import any more because they have either been cut off at the border or had material impounded until such time as they live up to those federal regulations for bringing it across the border and selling it and those provincial regulations for having it on the job site.

Rick Clarke

I have to disagree. From a labour perspective, we view WHMIS as probably the most mammoth task out there today. To understate it or to downplay it is not a responsible position to take. We have a very serious commitment to workers in any province that has regulations pertaining to WHMIS. I sympathize with employers who have the task of training workers. What we have tried to do is have some of our committee sit in on the provincial government's train-the-trainer program which is a day or two days long. Through the labour movement, some training programs have been put on to train instructors for WHMIS. Before someone from the labour movement is entitled to put on a school for WHMIS, we go through a week and a half to two weeks of basic training so we understand how the harmful substances enter the body, their effects on the body. We then go through another week and a half to two weeks of instructor training. Then we go through a week-long course on WHMIS, so that we fully understand the ramifications of WHMIS and the requirements. We have approached the provincial government to provide us with some funding, as they are allowed to do under the Occupational Health and Safety Act, so that we can train more instructors to go out and assist the employers. The training is not

being done as it should be done in Nova Scotia. We are quite willing to work with employers, go through the requirements of WHMIS and provide instructors. The employers could provide the participants from the workplace--front line supervisors right up through to top management. We feel that we should be doing this jointly, but it is not being given the attention that it properly deserves. There is no follow-up after train-the-trainer courses; there is no commitment at higher levels; there is no commitment from the government. There is a requirement that we are to interview people to find out if the training that has been given is effective. This is not being done.

We are not trying to use scare tactics, but the requirements are not being met and heaven forbid that something happens to someone who has not received training.

John Prentice

Could you be more specific in what your problems are--are they a quick turnover of labour force and is the problem the difficulty in getting them trained?

Carol Thorn

One of the problems is that training is not mandatory; we cannot force unions to attend training sessions. It is an open-door policy for us to be available at all times and do the training on a one-to-one basis.

Illiteracy is also a big issue. As a working professional in health care do I have to take the time to sit down with individual illiterate workers and teach them? Have any of the panel tried reading an MSDS? There are very few that I understand. When I have to take that information and give it to my workers, it then becomes a technical challenge; I am not an expert on chemicals. We have to know a lot more about the chemicals used in the workplace, and this is a problem when all you are given is a two-day training session and management has completed its responsibility by paying for the course.

John Prentice

I think WHMIS is a tremendously important program from the point of view of the information that it brings and the logic behind the program. Having said that, in our industry it has been a colossal nightmare in terms of implementing it in the large workplace where people do not think there are chemical hazards. We have more than 1,000 products in very small quantities that have to be dealt with.

We learned very quickly with WHMIS that no one is going to tell you how to do it. You are going to have to make some decisions yourself about the products that you use and how you use them. You are then going to have to make some decisions about which are the priority products--the potentially harmful products--and you are going to have to focus on those. Your employees should, for those products, be very clear about how to use them safely.

From the perspective of the adequacy of training, if you don't feel that you have adequate knowledge about the products and chemicals, you must go back to those who originally trained you and clearly lay that out. The fact that management sends you to a course, after which you train employees, does not preclude them from responsibility.

We have gone through training, we have set out a logical course of action that has been very participatory from the point of view of labour and management, and we have put

together a program that everyone is happy with. After carrying out this training for more than 1,400 people, we have performed two audits on the adequacy of the training from the point of view of the employee and we have been very disappointed in the results. That they have been trained does not remove responsibility of senior management to see that people are retrained or that the training is reinforced to ensure that the employees understand about the products they are dealing with. One of the key factors is the front-end decision about the products you use and how you use them.

As a comment, we have a very difficult time getting information from some suppliers despite the fact that we simply refuse to purchase their products if we don't get the information. From some suppliers this has relatively little impact. So you end up relying on information from CCOHS or from other information sources and making a judgment on the significant products you are using.

Grant Mitton - Labour Canada, Atlantic Region

In line with today's topic, "Prevention Strategies," legislation looked at an internal responsibility system. In all cases, you should not buy a product unless you can get an MSDS; if the MSDS is not clear, you can use that tactic to get clarification. On the other side, employees always have the right to refuse if they do not have a proper label, a proper MSDS and the proper training.

Rick Clarke

I am very sorry that I cannot be here to participate for the remainder of the workshop, so I would like to make a comment. Involvement of the union in a workplace was mentioned. The legislation and the regulations show very minimal recognition of the trade union movement. Perhaps that is something we should be looking at when we discuss future strategies--that where there are unions in the workplace, they be involved in the training programs. My experience is that they want to be involved but involved as equal participants in occupational health and safety.

REPORTS FROM WORK GROUPS

Work Group A
Gervais Labrie

Work Group B
Dave Hebb
Shirley Hazen

CCOHS CCHST

Lillian Vine

Over the past day and a half you have talked about the strategies; you have talked about training; you have talked about the needs; you have talked about the knowledge; and you have talked about the information. What should come next? That is what you have been working on this morning.

Group B will report first. The chairman of the group was Paul Burgwin and the rapporteurs are Dave Hebb of Nova Scotia Power Corporation and Shirley Hazen of the Nova Scotia Department of Industry, Trade and Technology.

Dave Hebb

The first question we addressed was "How do you evaluate the effectiveness of strategies?" We broke this question down into two aspects--qualitative and quantitative.

On the quantitative side, we identified some items that are more reactive than proactive. We concluded that the proactive approach was certainly the better one if it is possible to implement it.

Statistics don't tell the whole story. Simply looking at frequency rates and severity rates is not enough to judge a program. The status of remedial action to correct problem situations is one method of evaluating programs. You have to look at repetitive occurrences as an indicator of where your attention and your money should be. You must identify training needs as a result of particular types of losses. But this is a reactive approach rather than a preventive one. We should identify these problems before the fact rather than after. Evaluating whether training is effective needs to be addressed. It is important to determine if the training you are doing is necessary and/or effective.

Crisis management--many of us operate by running around putting out fires. A little more thought in planning training and work methods would eliminate crisis management and in the long run give better results.

Bottom line management is certainly important as is the financial effect of a loss.

Incentives for productivity can have a negative result on safety, but we think a high level of safety performance and high productivity go hand in hand. We feel that efficiency equals productivity and safety. If you have a good safety record, you will in turn have happy employees who in turn are very productive.

Evaluating activities is important to a quality proactive approach. It is necessary to establish forums for discussion of common strategies and improved communications. This includes joint communication sessions between labour and management. Focus groups of labour and management could address specific problem areas or work practices during brainstorming sessions that get all ideas out on the table.

It is important to interview workers to assess your strategies and determine whether they are effective. One of the vehicles for feedback is the health and safety committees.

Senior management getting down to the shop floor or out to the work site to talk to workers to get a feeling for how the safety program is being implemented is essential. Management is much more supportive if it hears of problems firsthand from the workers.

Unbiased independent audits of your strategies is another suggestion. Measuring compliance by having standards against which performance could be compared is another suggestion. We could also look at how we are implementing legislation.

It is important to establish goals and objectives and to regularly measure performance against these goals.

How effective have strategies been in the past? We certainly have made progress in some areas, but there are problems in specific industries that are not being addressed as they should be. We discussed the 20% critical few theory--20% of industry creates 80% of the problems. The groups that fall into that 20% seem to be fairly consistent.

We need improvements to accelerate prevention strategies once they have been identified. Organizations come up with very good ideas on paper, but we get only lip service from high levels of management. It is very important to realize that safety must be a priority from the top of the organization down to be as effective as possible.

Shirley Hazen

Dealing with the 20% critical few theory, more time, money and human resources should be focused on that 20% group. To get more bang for your buck, the most effective and efficient use of the money available would be to focus on that critical 20%. This 80%-20% rule probably also applies within a firm or industry. One or two employees in an area could turn out to be the problem; the most efficient use of resources would be to focus on them.

We need to increase the accountability and responsibility of senior management. Unless there is the recognition and drive on the part of senior management, you can only go so far. Without the backing of the top levels of an organization, you don't get the time and money that you need. They have to see safety as a priority. It is not enough for committees or middle-management to see it as a priority; if senior management does, it will become the priority for the whole company.

It is a problem to get senior management to recognize the importance of safety. One suggestion was to develop an association of senior managers whose sole purpose would be safety; some movers and shakers in top management must be involved. If they can get a level of awareness spread out to other managers, something can be accomplished.

To have a common measurement tool for reporting incidents Canada-wide would give a commonality that could be easily understood, that would allow comparison and enhance prevention programs.

We saw education as a priority. We recognized that in the school system very little time and practical application is spent on occupational health and safety. Along with that, there should be more training on occupational health and safety at the post-graduate level. We recommend that a program be developed in Nova Scotia in conjunction with the Technical University of Nova Scotia (TUNS) for Senior Management; the prestige would be there because it is a recognized institution.

Public education must be a priority for the 90s--not only in our public school system, but also in our universities and community colleges.

There is also the difficulty of attracting media attention. We need to catch people's attention and make them think about ways of doing things differently. Maybe Labour Canada in consultation with industry could emphasize the importance of safety.

We also looked at multi-level auditing to verify compliance to certain standards. There should be recognition of excellence, through awards perhaps. This produces a certain peer pressure and competition.

Occupational health and safety is for everyone. It is not just for the line managers; it is not just for the workers. It is what everyone has to do where they work and where they live.

Lillian Vine

The chairman of work group A was Robert McArel and the rapporteur is Gervais Labrie of CKF Inc.

Gervais Labrie

You can evaluate the effectiveness of strategies through the use of various tools, but all these tools have weaknesses. We can use incidence rates for frequency and severity of accidents/statistics published by the National Safety Council and other agencies, both self-audits and independent audits. We can also judge the effectiveness of a safety program by compliance with established standards and procedures and compliance with government regulations. Another measure of effectiveness is cost--the cost of WCB payments, the cost of damage. All can be used in various ways to determine how effective our strategies are for improving occupational health and safety or loss prevention in the workplace.

Prevention strategies of the past decades have worked, although some have not worked as well as expected. The incidence rates for fatalities in Nova Scotia and across Canada, for lost-time accidents and for other types of accidents has decreased considerably over the past decade. But have they decreased enough? It is hard to accurately measure whether strategies were effective and I am not sure if we can devise an effective means of measurement because so many intangibles are involved in accidents.

What needs to be improved? First and foremost, management has to be enlightened. In Nova Scotia, we have large and small companies with enlightened management that have good occupational health and safety programs and their safety performance is very good.

Unfortunately, we have others, both large and small, that don't have good occupational health and safety programs, where management is not knowledgeable and their performance is less than adequate. We need to improve knowledge; we need to develop educational programs for senior management, middle management, and bottom-line management. We also need to spend more time on occupational health and safety training in universities, colleges, high schools and vocational schools.

Some joint occupational health and safety committees have worked well but others have not. The big problem is educating members of these safety committees about the regulations and health and safety issues. Without the necessary training, members are unable to fully participate in decision-making on health and safety issues in the workplace. Members of committees must be able to fully participate by being informed, having access to information, and being able to share information. Without adequate training committees operate in a vacuum.

We established priorities to make the strategies effective; they are:

1. Enlighten managers and middle supervisors through education programs.

2. Work on the education system in our schools with regard to occupational health and safety education.

3. Provide the necessary training to occupational health and safety committees to enable meaningful participation and consultation in decisions about workers' health and safety.

QUESTIONS AND DISCUSSION

Robert Cyr - Nova Scotia Power Corporation

One of the things that came up during discussion is the problem of getting approval for safety programs and strategies. As health and safety professionals, to get the attention of senior management and maintain that attention, we have to talk to them in their language--we have to talk in terms of the bottom line. If we are charged with the responsibility of making occupational health and safety programs work, we must look at the cost of implementing safety programs and strategies. If we don't relate that cost to the normal cost of business, the chances of senior management making a decision to support the program is not very good. That is an area where we fail--we don't talk to them in their terms.

In the future I think we should be focusing on communicating with senior management in terms of the costs involved.

Wilfred Kaiser - Nova Scotia Power Corporation

There was some reference in our group to liaison with the medical community. We see this as an area where we can make gains in the future by getting the medical community more on side in terms of medical reports of injured and sick employees.

Carol Thorn

There has been a lot of discussion in both groups about education in the public school system. Many of the people here today could help that situation right away. We could volunteer our time and be more vocal and aggressive in letting our local community schools know that we are available to lecture students and faculty.

Lillian Vine

Education has come through as a very important matter to look at whether it is training of members of health and safety committees, whether it is training of six-year-olds who will some day be workers, whether it is training of people who will be professionals, in management or in engineering or in law or in medicine. There is agreement that not nearly enough attention is paid to education in occupational health and safety.

Another aspect you considered crucial is understanding, knowledge, awareness, commitment of the people at the top. A strategy was proposed--that much more than we have, we tie occupational health and safety to the bottom line, to productivity, to the business objectives and expectations. The idea of having prestige institutions put on special courses for senior management is an interesting one.

And you discussed how you evaluate that your strategies are doing well. Prevention is a very difficult thing to evaluate--you are trying to count something that didn't happen and you are counting it using different bases from one company to another and from one province to another. Last year, CCOHS held three regional workshops on occupational health and safety statistics--at all of them there were strong recommendations for a consistent pan-Canadian system. Those participants will be encouraged that you too considered it an important issue in health and safety strategies and prevention strategies. You want a way to be able to measure and you want statistics that tell the story.

Those are the important priorities agreed on in both groups--the knowledge, the understanding, the awareness, the commitment and the education of people at all levels in society. You agreed on the need for recognition of occupational health and safety as an important issue. You had suggestions such as putting in volunteer time, liaison with the medical community and others, people whose general interest is there but whose specific interest is probably not. In one of the groups yesterday someone commented, "We have got to put a structure to the good intentions." You want to take occupational health and safety out of the realm of something to which you give lip service and good intentions to the realm of practice and reality.

Your words will be published in a proceedings. These proceedings are distributed and a lot of people read them. Maybe the effect won't be felt tomorrow or next week or even three months from now; but it will in the future.

As we come to the end of another workshop, I would like to thank a lot of people: the members of the planning committee--Jack Noonan, Bruce Collins, Thomas Nisbett, Barrie Ross, Rick Clarke and Carol MacCulloch; the Government of Nova Scotia for providing the meeting rooms and for arranging the demonstration of CCINFOdisc this morning; our panelists--Diane Peters, John Prentice, Rick Clarke and Jack Noonan; Grant Mitton for hosting the fabulous down-east dinner last evening; the group leaders, Paul Burgwin and Robert McArel; the rapporteurs, Dave Hebb, Shirley Hazen and Gerry Labrie. And

especially I want to thank you, the participants, for so openly sharing your experiences and your knowledge and your problems and your solutions. You are what makes the workshops work.

A few months ago there was a feature article in Newsweek magazine about self-help groups and their huge success. Very often they work wonders where experts fail dismally. The reason is obvious: no one is more expert than the person who has had the experience and who can share it with others. To that I also attribute the success of our workshops. We bring together the experts--those who have occupational health and safety experience, who live with it day after day, who work with it. You come together to share your experiences and your knowledge and your problems.

The past year, as you know, has been a traumatic one for CCOHS; some despaired of its survival. CCOHS is going to survive; bridge financing has been made available to us, our programs are continuing and we will continue to provide information to you. You noted that it was unfortunate that there was little labour involvement in this workshop. I agree and I hope that the labour movement will soon once again add its valued participation to these workshops.

Thank you for welcoming us to Nova Scotia so warmly. I hope we will be back for many other workshops.

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